Saskatchewan Centennial 2005

100 YEARS OF HEART

2005-2006 PROVINCIAL BUDGET PERFORMANCE PLAN

SASKATCHEWAN HEALTH

Minister's Message

It gives me great pleasure to present the Department of Health's 2005-06 Performance Plan.

In December 2001, the Government of Saskatchewan introduced 'The Action Plan for Saskatchewan Health Care,' a blueprint for maintaining and strengthening our Province's publicly funded, publicly administered health care system. With an emphasis on quality and sustainability, the Action Plan laid out a strategic foundation and clear goals and objectives for Saskatchewan Health to work with its many partners in achieving.

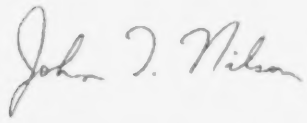
Three years later, the Saskatchewan Health 2005-06 Performance Plan represents our continued commitment to making further progress on the Action Plan and demonstrating that progress to Saskatchewan residents. The performance plan details key actions and performance measures that provide an overview of the Department's progress on the Action Plan's four goals: improved access to quality health services; effective health promotion and disease prevention; retention, recruitment and training of health providers; and a sustainable, efficient, accountable and quality health system.

Together with the 2005-06 Saskatchewan Health Budget, the performance plan provides a clear outline of the Department's priorities, as we continue to manage the health system through the changes that will be necessary to ensure its continued quality and affordability well into the future.

The recent signing of the First Ministers' Health Accord with the federal government will result in additional resources in coming years for infrastructure upgrades, safer and healthier workplaces for health care staff, equipment for surgical suites and other patient care, and continued expansion of diagnostic equipment throughout our Province. Despite this, and the fact that the Government of Saskatchewan devotes more than 40 per cent of its provincial operating budget to health care, the system continues to face significant challenges and pressures. Health care costs continue to rise at a pace exceeding government revenues. We must find ways to manage these costs and to ensure that our investments in the health system provide a good return in the safeguarding and maintenance of the health and well being of Saskatchewan residents.

We will continue to improve our system of surgical management and implement a strategy to manage access to diagnostic services. We will continue to work for continuous improvement in the efficiency and quality of care delivery, particularly through the development of primary health care sites. We will also continue to refine our planning and reporting process so that our complex health system is managed with a clear strategic focus and a high level of transparency.

This year's performance plan demonstrates the commitment of Saskatchewan Health to accountability and transparency as we continue to implement the Action Plan for Saskatchewan Health Care. I am committed to completing the key actions included in the 2005-06 plan, and will report on our progress in July of 2006.



John T. Nilson, Q.C.
Minister of Health

105-05099/

Who We Are

The mandate of Saskatchewan Health is to support Saskatchewan residents in achieving their best possible health and well-being. Saskatchewan Health, in a variety of partnerships, carries out this mandate by establishing policy direction, setting and monitoring standards, providing funding, supporting regional health authorities and ensuring the provisions of essential and appropriate services to Saskatchewan residents.

The health system is complex, involving many different types of services. There are many partners in the health sector including regional health authorities, the Saskatchewan Cancer Agency, affiliated health care organizations, and a range of health care professionals, many in private practice.

Here are some examples of the range and number of services which Saskatchewan Health's budget helps cover annually in Saskatchewan (2003-04 data):

- 4,590,900 visits to family physicians and 993,500 visits to specialists;
- approximately 800,000 days of in-patient hospital care;
- approximately 94,000 surgeries, or about 258 a day;
- approximately 111,000 calls to the provincial health advice telephone line over the first 18 months;
- partial coverage for over 88,000 trips by road ambulance and approximately 1,200 air ambulance trips;
- coverage for an average of 77 per cent of the cost of nursing home care for 8,700 residents in special care homes, hospitals and health centres; and,
- approximately 83,000 computed tomography (CT) scans and 12,750 magnetic resonance imaging (MRI) scans.

Saskatchewan Health works closely with its many partners in the health sector to deliver high quality services. Funding to the Province's regional health authorities accounts for an estimated two-thirds of the Department of Health's budget. The majority of direct service provision within the health system is managed through regional health authorities, under the direction of the Minister of Health and/or Saskatchewan Health. The planning and accountability relationship with regional health authorities continues to be strengthened through legislation, planning forums and with the development and refinement of a comprehensive Accountability Document setting clear expectations and performance measures for all regional health authorities. Regional health authorities prepare their own strategic plans and annual reports, consistent with provincial direction established in the *Action Plan* and through Health's performance plan.

Saskatchewan Health is also accountable for other direct investments in our health care system. Every year, the Department manages millions of health care transactions including health registrations, payments to health care practitioners, and prescription drug benefit payments. The Provincial Laboratory performs clinical tests and water quality tests to address the increasing complexity of public health, environmental and clinical issues present today.

Saskatchewan Health has a varied and complex mandate that includes:

- managing legislation and relationships with almost 30 regulated health professions;
- providing leadership on policy questions critical for the health sector (e.g., public private issues, privacy issues);
- managing accountability relationships with local authorities such as regional health authorities and the Saskatchewan Cancer Agency;
- providing provincial oversight for a number of programs and services delivered by other public bodies (e.g., regional health authorities) including acute care services, community services, emergency medical services, and primary health services;
- monitoring and enforcing standards in a number of privately delivered programs such as personal care homes;
- administering public health insurance programs such as the Saskatchewan Medical Care Insurance Plan;
- administering and maintaining a province-wide system for registering births, deaths, marriages, stillbirths, divorces, adoptions and changes of name that occur in Saskatchewan;
- directly delivering a number of services including the Saskatchewan Prescription Drug Plan and the Provincial Laboratory Services;
- providing information technology leadership and support for the health sector including developing and delivering strategic information technology solutions in support of front line health delivery; and,
- providing leadership on health human resource issues for the Province.

Saskatchewan Health also continues to be involved in the Safe Drinking Water Strategy [http://www.se.gov.sk.ca/] and the *KidsFirst* Strategy [http://www.sasked.gov.sk.ca/branches/ecd/].

In Canada, both the federal and provincial governments play a major role in the provision of health care. The federal government provides funding to support health through the Canada Health Transfer (CHT). It also provides health services to certain members of the population (e.g., veterans, military personnel and First Nations on reserve) and maintains safety for food and drugs in Canada. Provincial governments have responsibility for most other aspects of health care delivery.

Plan at a Glance

The 2005-06 Performance Plan continues the strategic direction set out in *Healthy People. A Healthy Province. The Action Plan for Saskatchewan Health Care*, and builds on the achievements of our 2004-05 Performance Plan. While the goals remain constant over time, and much of our core business continues year in and year out, the key actions that we focus on often change from year to year.

Along with our goals and objectives, this plan identifies the key actions and performance measures for the 2005-06 fiscal year. We will continue to hold ourselves accountable for completing these key actions and will report on them in the 2005-06 Annual Report to be published in July 2006.

In developing this plan, Saskatchewan Health consulted with a range of stakeholders. This includes consultations leading to the development of the *Action Plan for Saskatchewan Health Care*, upon which this performance plan is based, and, more recently, with our partners in regional health authorities through the joint planning/discussion forums of Minister's Forum and Leadership Council. Stakeholders were supportive of the *Action Plan*, and regional health authorities align their own plans to the goals and direction of the *Action Plan*.

Our top priority continues to be improving the quality of services and access to care, while ensuring the health system is sustainable into the future. Our vision remains unchanged:

"Building a province of healthy people and healthy communities."

To achieve this ideal, Saskatchewan Health has in the 2005-06 Performance Plan set out the following long-term goals, objectives and performance measures.

GOAL 1

Improved access to quality health services

OBJECTIVE 1 *- Responsive, co-ordinated primary health care*

Performance Measures:

- Percentage of population served by primary health care teams
- Hospitalization rate for ambulatory care sensitive conditions

OBJECTIVE 2 *- Reduce waiting times for surgical procedures*

Performance Measure:

- Wait times for surgical specialties

OBJECTIVE 3 *- Improve emergency medical care*

Performance Measure:

- Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has at least emergency medical technician (EMT) basic level training

OBJECTIVE 4 *- Improved hospital, specialized services and long-term care*

Performance Measures:

- Percentage of the adult population who rate himself or herself as either very satisfied or somewhat satisfied with the quality of care
- Number of communities with Saskatchewan telehealth networks; number of telehealth sessions, types and participants

GOAL 2

Effective health promotion and disease prevention

OBJECTIVE 1 *- Better promotion of health and disease prevention*

Performance Measures:

- Incidence rate of Chlamydia (rate of new cases per 100,000 population)
- Prevalence of diabetes (type 1 & 2) expressed as a number per 1,000 individuals
- Percentage of daily smokers between the ages of 12-19 years
- Vaccine coverage rates for 2 year old cohort

OBJECTIVE 2 *- Improve the health of northern and Aboriginal communities*

Performance Measure:

- Potential Years of Life Lost (PYLL), per 100,000 population

GOAL 3

Retain, recruit and train health providers

OBJECTIVE 1 *- Improve utilization and availability of health human resources*

Performance Measure:

- Percentage of population aged 12 and over who have consulted with health professionals in the past 12 months

OBJECTIVE 2 *- Develop representative work places*

Performance Measure:

- Self-declared Aboriginal employees as a per cent of all regional health authority employees

OBJECTIVE 3 *- Create healthier more effective work places*

Performance Measures:

- The average number of days absent from the workplace, for which illness or injury is reported as the reason for absence
- Turnover rate

GOAL 4

A sustainable, efficient, accountable and quality health system

OBJECTIVE 1 *- Ensure quality, effective health care*

Performance Measures:

- Number of client contacts (number of clients who contacted a Quality of Care Co-ordinator to report one or more concerns)
- Percentage of concerns received by Quality of Care Co-ordinators that are concluded within 30 days

OBJECTIVE 2 *- Appropriate governance, accountability and management for the health sector*

Performance Measure:

- Percentage of regional health authority operational plans meeting standards

OBJECTIVE 3 *- Sustain publicly funded and publicly administered Medicare*

Performance Measures:

- Under development

2005-06 Financial Overview

2005-06 ESTIMATES	*(in thousands of dollars)*
Central Management and Services	13,104
Regional Health Services	1,964,061
Provincial Health Services	127,182
Medical Services & Medical Education Programs	541,282
Drug Plan and Extended Benefits	238,176
Early Childhood Development	8,712
Provincial Laboratory Infrastructure Project	1,249
Total Appropriation	$2,893,766
Capital Acquisitions	(1,724)
Amortization	757
Total Expense	$2,892,799
FTE Staff Complement	666.7
REVENUES	$20,644

Approximately 90 per cent of the 2005-06 Budget will be provided to third parties (e.g., regional health authorities and physicians) to provide health care services for the residents of Saskatchewan. The majority of the remaining budget will be allocated for the drug plan and extended benefits program.

The performance plan goals and key strategies are based upon a status quo budget with several key enhancements. Even maintaining a status quo budget is very challenging within the health sector. Key cost drivers including collective bargaining, health provider agreements and pay equity account for 38 per cent of the growth in costs over last year. Of the total Health budget more than 70 per cent ($2 billion) is directed toward salaries, fees, pension, benefits and pay equity for physicians, nurses and other health care providers.

While maintaining the current level of services, this year's budget will fund certain enhancements aimed at improving services in key areas and addressing capital challenges across the system such as the surgical services/diagnostic imaging strategy and the alcohol and drug strategy. The 2004 First Ministers' 10 Year Plan to Strengthen Health Care will provide some relief, but it is not sufficient to offset rapidly escalating health costs. There will be continued pressure for provincial funding to grow in the coming years.

Trends and Issues

Saskatchewan Health continues to address the challenges of building a renewed publicly administered health care system that can provide access to quality services today and into the future.

We have seen many significant successes since the release of the Action Plan for Health in December 2001. For example:

- To help address **access** issues we have made progress with the Surgical Care Network, including launching a new surgical patient registry to help manage wait times; we have begun development of a diagnostic imaging strategy; we have added primary health care sites and continue to work with regional health authorities and providers to advance this initiative; we have launched the telephone HealthLine.
- To address issues of **accountability and quality**, we have improved the accountability framework for regional health authorities; we have established the Health Quality Council; we continue to improve the network of Quality of Care Co-ordinators within regional health authorities; and, we have launched new critical incident reporting and investigation initiatives.
- To help with issues of **recruitment and retention** of health providers, we have established over 500 new and continuing bursaries; and we have continued to improve our recruitment and retention strategies. In addition targeted money was provided to regional health authorities and the Saskatchewan Cancer Agency in the areas of professional and clinical development, as well as to support quality workplace initiatives that will be expanded and/or implemented in 2005-06.
- In the area of **disease prevention and health promotion**, we have launched a new Health Promotion Strategy; a new Diabetes Strategy; and have made significant progress on our tobacco use reduction strategy, including making critical amendments to *The Tobacco Control Act* to ban smoking in public places.
- In September 2004 Saskatchewan, along with other provinces and territories, reached a **ten-year agreement on health care renewal** with the federal government that sees significant new financial resources being provided to provinces and territories to achieve progress on health system reform priorities.

There are a number of ongoing pressures that need to be factored into our strategic planning for future health care delivery.

SUSTAINABILITY

Like the rest of the country, we continue to face issues of affordability. The 2005-06 Saskatchewan Health budget is almost $2.9 billion:

- over 70 per cent is directed toward the salary, benefits and physician payments for Saskatchewan doctors, nurses and other health care providers;
- approximately 14 per cent is allocated to regional health authorities and the Saskatchewan Cancer Agency to support all other operating costs including medical supplies and drugs, non-medical supplies, utilities and maintenance costs as well as facility construction;
- approximately eight per cent is allocated to the Saskatchewan Prescription Drug Plan and Extended Benefits Program; and
- the remaining estimated seven per cent is allocated to other provincial operating costs such as out-of-province charges, the Canadian Blood Services, Provincial Laboratory and health research.

Public expectations for health care remain very high, and these expectations may be heightened by recent infusion of federal dollars into health care in the Province.

ACCESS TO SERVICES

Saskatchewan continues to seek innovative solutions to enhance access to needed health care services, such as the creation of the Saskatchewan Surgical Care Network (SSCN), as well as a strategy for managing diagnostic imaging services. In 2005-06, we will continue to work with the health regions to focus on two key areas with respect to surgical wait times:

- reflecting urgency, the goal will be to complete 95 per cent of cancer surgeries within three weeks; and
- for those patients who have been waiting the longest for surgery, the goal will be to have all surgeries completed within 18 months.

HEALTH CARE PROVIDERS

As a result of the changing demographics of the Canadian workforce and competition from different sectors for a smaller labour pool, there is a concern about the scarcity in health human resources. We must continue to improve the efficient and appropriate use of health professionals to maximize our utilization of all levels of skill and training. Furthermore, provider expectations about system reform are high and, in the coming year, several key collective agreements will expire. We will be working with our stakeholders in the development of a province-wide health human resource strategy.

PROMOTING GOOD HEALTH

Our health needs have undergone dramatic changes in the last few decades. We know that we can enhance health promotion and illness prevention by placing more attention on primary prevention and population health promotion. The Government recently released a population health strategy that was the result of comprehensive and broad consultation designed to identify the top priorities for population health promotion in this Province. We will continue to work with stakeholders to address the four priority areas identified in the strategy:

- mental well-being;
- accessible nutritious food;
- decreased substance use/abuse; and
- active communities.

Changes from 2004-05 Performance Plan

Saskatchewan Health has reduced the number of performance measures in its 2005-06 Performance Plan. We have dropped the following measures:

- Proportion of regional health authorities with Aboriginal Awareness Training Programs [Goal 3, Objective 2]. To reflect the longer-term objective, the measure *Self-declared Aboriginal employees as a per cent of all regional health authority employees* is more appropriate.
- Number of competitive research grants awarded by CIHR to faculty at the U of S based on the number of applications submitted [Goal 4, Objective 1]. Other measures - *Number of clients who reported a concern to a Quality of Care Co-ordinator (QCC) and Percentage of concerns received by Quality of Care Co-ordinators that are resolved within 30 days* – are more indicative of the objective to ensure quality, effective care.
- Public sector health expenditure as a proportion of total health expenditure [Goal 4, Objective 3]. This measure does not fully contribute to understanding if efforts to "sustain publicly funded and administered Medicare" are successful (i.e., the percentage of public expenditure, in and of itself, does not indicate an improvement or setback in the intent of the objective).

Goals, Objectives, Actions and Measures

The following are the key goals and objectives of our 2005-06 Performance Plan, the strategic initiatives we have established to help us achieve them, and the performance measures we will use to assist us in tracking progress.

GOAL 1

Improved access to quality health services

While Saskatchewan residents generally feel good about the health services they receive today, many feel insecure about the future and the availability of the health system to meet their needs. Saskatchewan Health continues to seek innovative solutions to enhance access to quality health service in all areas including acute care, emergency care, primary health care, Northern health services, surgical and diagnostic procedures, specialized services, long-term care, etc.

OBJECTIVE 1 *– Responsive, co-ordinated primary health care*

Primary health care services are generally the first point of contact for the public. This contact provides the basis to address the main health needs of individuals and communities. It is essential that these services be organized to ensure the most appropriate care, by the most appropriate providers in the most appropriate settings. Objective One is to develop primary health care teams throughout the Province, offering a full range of everyday health services.

Our progress towards meeting the objective of providing responsive, co-ordinated primary care will be gauged by two measures: the population with access to Primary Health Care networks and hospitalizations for illnesses and diseases that could be managed through effective preventive or primary care. The first measure is a good proxy measure for access to primary care. Access to primary health care is viewed as "the ability to obtain appropriate entry-level health services at the right time in the right place." The second measure is a long-term measure of future outcomes associated with improvements to primary care. Overall, these two measures provide an adequate measure of success in achieving our objective.

Key Actions for 2005-06

- There are currently 34 primary health care teams in Saskatchewan. Our goal in 2005-06 is to create additional central and satellite teams to continue expansion of the service throughout the Province.
- HealthLine, a toll-free, province-wide, 24-hour telephone health advice line has been in operation now for more than a year and continues to manage a large number of calls. (From August 1, 2003 to February 28, 2005 HealthLine has managed 110,982 calls.) In 2005-06, we will continue to promote the HealthLine to increase awareness of this valuable primary health resource for Saskatchewan people.

What are we measuring?	Where are we starting from?
Percentage of population served by primary health care teams	Approximately 23 per cent *[March 1, 2005]*

This is a good measure of a patient's access based on geographical proximity. The percentage of population served by primary health care teams is a significant dimension of primary health care capacity in the area of accessibility, building upon the "closer to home" concept. The percentage denotes Saskatchewan's covered population served by each team calculated on the basis of "catchment" areas. Individual RHAs define the catchment area (urban and rural communities and neighbourhoods) for each of the teams that are established within their jurisdiction based on assessed need as determined by geographic distribution and demographics (age, gender, socio-economic status, etc.).

Saskatchewan Health works closely with regional health authorities and health provider groups (e.g., Saskatchewan Medical Association, Saskatchewan Registered Nurses Association) in the development of primary health care teams. The Department's reported success on this measure is dependent on the co-operation of regional health authorities and health provider groups.

What are we measuring?	Where are we starting from?
Hospitalization rate for ambulatory care sensitive conditions	513 cases per 100,000 population *[2001-02; latest data available]*

Long-term health conditions such as diabetes, asthma, emotional disorders (e.g., neurosis, depression), alcohol/drug dependence and abuse can often be managed and treated, without hospitalization, via effective community based preventive and primary health care. Hospital admissions and/or the length of hospital stays can be reduced for ambulatory care sensitive conditions through better management by primary health care teams. This rate of preventable hospital admissions and reduced length of hospital stays provide a practical way of evaluating primary health care delivery.

The Department's influence to affect this measure, however, is limited by the type and mix of available primary care services, the health seeking behaviour of individuals, disease prevalence or incidence rates, physician practices, environmental factors (e.g., exposure to environmental risk), and the personal or economic barriers facing individuals.

OBJECTIVE 2 *– Reduce waiting times for surgical and diagnostic procedures*

Waiting times for some surgical and diagnostic procedures are a concern for Saskatchewan people. Saskatchewan Health will support several initiatives designed to improve the management of wait times.

Our success in meeting this objective will be measured by presenting data on wait times for all surgical specialities. In the future, wait times for surgical specialities and wait times for diagnostic services will be reported to better assess the success of initiatives to reduce waiting times.

Key Actions for 2005-06

- Saskatchewan Health will continue to focus attention on reducing wait times for surgery. Reflecting their urgency, our goal will be to complete 95 per cent of cancer surgeries within three weeks, and for those patients who have been waiting the longest for surgery, to have all these surgeries completed within 18 months. As well we will:
  - ~ Implement the surgical information system (operating room scheduling system)
  - ~ Continue with initiatives to increase surgical volumes to meet target time frames and improve access across a range of surgical procedures
  - ~ Pilot initiatives to improve pre-surgical management of patients with major joint disease and back problems
  - ~ Invest in equipment in surgical operating rooms, recovery rooms and surgical wards (e.g., monitors, anaesthetic equipment, operating room tables, etc)
  - ~ Provide resources to strengthen wait list monitoring and patient follow-up processes (implementation of management tools for surgery and diagnostic services, continue working toward target time frames for surgery, and continue tracking surgical needs through the surgical patient registry)
  - ~ Provide family practitioners with improved information to assist them with referral of patients to specialists
  - ~ Provide increased post-surgery home care support for patients
- We will also continue development of a diagnostics strategy for Saskatchewan. We will:
  - ~ Increase computed tomography (CT) capacity in regional and provincial hospitals; two CT scanners, one in each of Lloydminster and North Battleford which will become operational in 2005-06, and upgrades to faster units will allow increased capacity in Saskatoon, Regina and Prince Albert
  - ~ Increase magnetic resonance imaging (MRI) capacity in provincial hospitals (second MRI in Regina Qu'Appelle Health Region will become operational in 2005-06, extended hours of service will be maintained on other units)
  - ~ Develop and implement a new diagnostic imaging patient assessment process and wait list registry similar to the surgical wait list registry
  - ~ Continue with the multi-year capital equipment replacement plan
  - ~ Increase capacity in other specialized imaging areas to improve access (i.e., nuclear medicine)
- Continue with the development of the multi-year Radiology Information System (RIS), which will increase efficiency at larger radiology departments by streamlining the scheduling of staff, patients, and equipment.

What are we measuring?

Wait times for surgical specialities

Where are we starting from?

The focus of the Government is to work with regional health authorities, surgeons and patients toward the goal of providing 95 per cent of cancer surgeries within three weeks and all surgeries within 18 months.

For the time period April to September 2004, 33,067 patients underwent surgery in Saskatchewan. Surgery is provided based on urgency: 23 per cent of patients received their surgery within 24 hours; 58 per cent had received their surgery within six weeks; 82 per cent were complete within six months; and 96 per cent had surgery within 18 months. We continue to work towards completing the remaining four per cent in a more timely fashion. For more information on the waiting times for select procedures by region, please refer to the statistics on the SSCN website: http://www.sasksurgery.ca.

As part of a comprehensive strategy involving surgeons, regional health authorities and the Government, we now have a surgical registry system in place. When matched to the *Target Time Frames for Surgery* announced by government last spring, and the new patient assessment process developed through the Saskatchewan Surgical Care Network (SSCN), surgical care system partners now have the ability to better monitor and track patients and help to ensure they receive care according to their level of need.

OBJECTIVE 3 *– Improve emergency medical care*

Saskatchewan Health will continue to work to ensure that Saskatchewan people have quality emergency medical services, in particular quick response times from well trained health providers.

This objective is measured by assessing the level of training of emergency medical service providers on ambulance calls, which allows us to determine if qualified and appropriate staff are attending these calls.

Key Actions for 2005-06

- Continue to make bursaries available to Emergency Medical Service Responders (EMRs) to upgrade their training to the Emergency Medical Technician (EMT)-basic level. In consultation with regional health authorities, determine the need to support training opportunities for advanced level emergency medical service (EMS) providers.
- Continue progress on the development of a common agreement for wide-area dispatch. In 2004-05, work was completed on a draft performance based agreement for regional health authorities and ambulance service providers.
- Work in collaboration with the Regina Qu'Appelle Regional Health Authority and the Saskatoon Regional Health Authority on a review to address patient flow and improve access to emergency room services. The first phase of this work is expected to be completed by the fall 2005.

What are we measuring?	**Where are we starting from?**
Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has at least EMT-basic level training	98.7% *[2003-04]*

This measure is a reflection of the level of care that is provided by the emergency medical service provider (medium-term measure). EMT is the international standard for the basic level of service to be provided by an ambulance service. There are a variety of groups that can influence this measure: regional health authorities, emergency medical personnel, Saskatchewan Institute of Applied Science and Technology and regional colleges.

OBJECTIVE 4 *– Improved hospital, specialized services and long-term care*

Saskatchewan people depend on quality hospital and long-term care services. To strengthen our hospitals for the future, we will further develop and refine program standards within each category of facility to promote optimal patient care across the hospital network. We will also continue to provide options for seniors and people with disabilities who want to remain independent in the community.

To measure our success in meeting this objective, we will report results in two areas: patient satisfaction with overall health services and telehealth services.

Patient satisfaction is a high level indicator of the quality of health services. The second measure is more specific to a particular service as it aims to report on the number of telehealth networks and types of telehealth sessions being used in our communities.

Key Actions for 2005-06

- Add an additional eight new telehealth sites to improve rural and remote access to specialist services.
- Provide an estimated $20 million in grants to support acquiring and/or upgrading medical, surgical, diagnostic and other health equipment that enable quality care and provide improved patient comfort and worker safety in both long-term care and hospital settings.
- Begin construction on a new Cypress Regional Hospital in Swift Current, and integrated facilities in the communities of Outlook, Herbert and Moosomin.
- The Regina Qu'Appelle Regional Health Authority is progressing on the design of a new Mother and Baby Care Centre in the Regina General Hospital. Construction will be phased in, with a tentative start late in 2005.
- Work with Saskatoon Health Region to begin the planning, design and construction of a Mental Health facility and an addition to the Oliver Lodge Nursing Home in Saskatoon.

What are we measuring?	**Where are we starting from?**
Percentage of the adult population who rate themselves as either very satisfied or somewhat satisfied with the quality of care for:	
• Overall health services received	• 87.9%
• Services received in a hospital	• 87.8%
• Services received from a physician	• 94.0%
• Community health services	• 83.2%
	[2002-03; latest data available]

Although patient satisfaction has always been an important measure of the quality of health services provided to policy makers, practitioners and the public, it is only recently that a tool has been developed to measure it. The Department's influence is limited by personal expectations, relationships with health care providers and patient's experiences.

What are we measuring?	Where are we starting from?
Expand telehealth	
(a) Number of communities with Saskatchewan telehealth networks (short-term measure)	(a) Communities with telehealth networks: 16 There are currently 18 sites in 16 communities
(b) Number of telehealth sessions, types and participants (short-term measure)	(b) Telehealth sessions Educational: 351 sessions, with 5,381 people attending Clinical: 137 sessions, with 309 patients seen *[2003-04]*

The Telehealth network is a tool for providing clinical and educational programs for all health professionals and the general public. It also allows physicians and patients in rural and remote areas to have access to specialists in larger centres without having to travel. The Department's influence on expanding the number of sites within the telehealth network and the number of sessions offered is dependent on the level of interest of the RHAs.

GOAL 2

Effective health promotion and disease prevention

We know that many factors other than doctors and hospitals impact our health. These include a clean environment, a good job, social supports and decent housing. Saskatchewan Health recognizes the benefits of placing more emphasis on addressing these determinants, rather than simply treating the results of poor health. However, these factors are often viewed as competing priorities. The challenge is to balance the more pressing needs associated with episodes of acute illness with the less immediate, but more effective strategies to encourage a healthier population.

***OBJECTIVE 1** – Better promotion of health and disease prevention*

The most important influences on the health of people are factors such as income, education, diet, lifestyle (e.g., smoking), housing, environment and support from family and friends. We will continue to support a variety of health promotion initiatives that improve the quality of life for Saskatchewan people. Consultations with health and human services representatives have identified mental well-being, accessible nutritious food, decreased substance use/abuse and active communities as key priority areas.

To measure our success in meeting this objective, we have four measures: incidence rate of Chlamydia; diabetes prevalence rate; percentage of daily smokers between the ages of 12-19 years in Saskatchewan; and vaccine coverage rates for two year old cohort.

A balanced mix of measures is presented to address our success in meeting this objective. Chlamydia and diabetes rates provide us with long-term measures of health outcomes for individuals. The smoking rate for youth helps us to assess our efforts at the promotion of lifestyle choices, while vaccination rates help us to assess our prevention efforts for a vulnerable population of the very young.

Key Actions for 2005-06

- Support regional health authorities to successfully implement their local Population Health Promotion Strategy.
- Work with health regions and other sectors to ensure successful implementation of *The Tobacco Control Amendment Act.*
- Continue implementation of a Crystal Methamphetamine Strategy that will integrate and strengthen the services that help to prevent and treat addiction, and to co-ordinate and intensify efforts to reduce the access to and use of crystal methamphetamine and other drugs.
- Develop a children's mental health strategy.
- Implement the cognitive disabilities strategy, with a particular focus on Fetal Alcohol Spectrum Disorder (FASD).

What are we measuring?	**Where are we starting from?**
Incidence rate of Chlamydia (rate of new cases per 100,000 population)	Rate of 372.3 per 100,000 population *[2003; latest data available]*

This is a common Sexually Transmitted Infection (STI) that may result in female infertility and entopic pregnancy. The higher incidence rates relative to other STIs are a more sensitive indicator of change in risk behaviours and reflect the effectiveness of primary and secondary prevention. Measuring incidence rates of genital Chlamydia serves as a proxy measure for the effectiveness of programs and services targeted towards reducing high-risk behaviour associated with all STIs.

Regional health authorities, health professionals and members of the public all play a significant role in this measure. Saskatchewan Health has a role in education and prevention of STIs, but there is limited control over behavioural change. Increasing incidence rates of Chlamydia may be partially accounted for by the advances in diagnostic technology. Current incidence rate should be interpreted in the context of increased reporting and improved sensitivity of testing procedures.

What are we measuring?	Where are we starting from?
Saskatchewan prevalence of diabetes (type 1 & 2) expressed as a number per 1,000 individuals	Prevalence rates – existing cases per 1,000 population: 40.0 per 1,000 population *[2001-02; latest data available]*

Type 2 diabetes affects about 90 per cent of the diabetic population. It often appears after age 40 especially in high-risk populations and tends to be associated with inadequate nutrition, lack of exercise and obesity. Adequate public education about prevention strategies can delay or prevent type 2 diabetes. The National Diabetes Surveillance System (NDSS) methodology has been used to measure changes in the incidence and prevalence of diabetes because its definitions are accepted nationally and applied in other provinces. Prevalence cases refer to all people currently living with diabetes.

Diabetes is a disease that requires intervention in several areas including diet, physical activity, and is associated with several other non-medical determinants of health (e.g., education, socio-economic factors). Saskatchewan Health continues to work with regional health authorities and stakeholders on population health strategies, such as the importance of healthy lifestyle choices. Regional health authorities, health providers, public organizations and individuals can influence diabetes trends.

What are we measuring?	Where are we starting from?
Percentage of daily smokers between the ages of 12-19 years in Saskatchewan (long-term measure)	15.2% *[2003-04]*

Tobacco use is the leading cause of preventable illness and death in Canada. Because of the addictive nature of nicotine, it is necessary to develop prevention and promotion strategies that deter youth from beginning to smoke.

In addition to Saskatchewan Health, regional health authorities, Health Canada, and the public all play a role in changing smoking behaviour. Changing personal lifestyle and behaviour is a slow process.

What are we measuring?	Where are we starting from?
Vaccine coverage rates for 2 year old cohort	Under development – The enhanced Saskatchewan Immunization Management System (SIMS), from which the data will be drawn, is in the final stages of being developed.

Immunization coverage rates are a sensitive indicator of a health system's capacity to deliver essential services and are useful in monitoring the health of a population. Coverage rates provide timely evidence of improvement or deterioration of current immunization programs.

The decision on whether or not to receive an immunization can be influenced by socio-cultural conditions, educational attainment, and the economic environment. As such, increasing immunization rates is likely to require more than enhanced availability/accessibility of health services.

OBJECTIVE 2 *– Improve the health of northern and Aboriginal communities*

Northern and Aboriginal communities have their own issues and concerns when it comes to health care. They also have a unique perspective on how to bring better health care to their people. Saskatchewan Health will participate in or lead a number of initiatives designed to support northern and Aboriginal communities in their efforts to address health issues.

The potential years of life lost for Registered Indians is a high level measure that is aimed at assessing the long-term health outcomes for Registered Indian people. The influence of the health sector alone on this measure is limited as many factors, such as economic and environmental circumstances, influence the results. This measure also is limited because it only addresses the health of Registered Indians and not all Aboriginal people. However, there are currently no adequate means for capturing this population in available data sources. As such, it is the best proxy measure currently available.

Key Actions for 2005-06

- Develop and begin implementation of a provincial alcohol and drug strategy to help targeted populations including at-risk Aboriginal populations, youth, Northern Saskatchewan and street-involved people.
- Begin construction on a joint-use health/learning project at Ile-a-la Crosse.
- Develop an Aboriginal health framework.

What are we measuring?

Potential Years of Life Lost (PYLL) per 100,000 population for Saskatchewan Registered Indian People*

Where are we starting from?

Registered Indian population: 11,382.40 per 100,000 population

Remainder of population: 5,117.85 per 100,000 population

[2002; latest data available]

* *Note: Registered Indian is a person registered under Section 6 of the Indian Act and who has been assigned a digit number in the Indian Registry.*

Potential Years of Life Lost (PYLL) is the number of years of life 'lost' when a person dies 'prematurely' from any cause – defined as dying before age 75. A person dying at age 25, for example, has lost 50 years of life. This measure focuses on deaths among the non-elderly and reflects success in preventing or postponing premature death. This premature loss of life has social and economic consequences and is an overall indicator of the effectiveness of preventive programs, as well as health and well-being of the population.

This is a broad level measure, where influence is limited by the broad determinants of health. It is less a measure of health system performance than overall socio-economic and environmental circumstances.

The federal government has a fiduciary responsibility to Aboriginal peoples and can influence the broader determinants of health, which in turn impacts the PYLL. First Nations organizations (bands, tribal councils, etc.) actively work to improve socio-economic and environmental conditions for First Nations.

GOAL 3

Retain, recruit, and train health providers

Saskatchewan continues to face many health human resource challenges including retention and recruitment of health professionals. As a result of the changing demographics of the Canadian workforce and competition from different sectors for a smaller labour pool, there is a concern, shared by both government and the general public, about the scarcity in health human resources. We must continue to improve the efficient and appropriate use of health professionals to maximize our utilization of all levels of skill and training.

***OBJECTIVE 1** – Improve utilization and availability of health human resources*

Saskatchewan's health care system faces challenges attracting and keeping skilled health professionals. We are not alone; every other province and country faces similar challenges. Saskatchewan's effort to deal with this issue is multi-faceted. We believe a combination of actions will be the solution: the formation of primary health care teams, training more health care providers, supporting health professionals to make full use of their skills and training, offering competitive wages and incentives, continuing education and professional development.

In order to track progress towards improved utilization and availability of health human resources, the Department will monitor the use of a variety of health professionals including medical doctors or paediatricians, and mental health, dental and alternative health care professionals. There are no measures included that address the appropriateness of the use.

Key Actions for 2005-06

- Engage with our stakeholders in the development of a province-wide health human resource plan.

- Continue recruitment and retention programs to help ensure the availability of rural and specialist physicians.
- Continue bursary programs for physicians, nurses, allied health disciplines and specialized health professional fields.

What are we measuring?

Percentage of population aged 12 and over who have consulted with health professionals in the past 12 months

Where are we starting from?

	Both Sexes	Male	Female
MD/Paediatrician	81.2	76.9	85.5
Mental Health Professional*	7.6*	4.4*	10.6*
Dental Professional	54.8	52.0	57.6
Alternative Health Care Provider	16.2	11.7	20.7

*[2003-04; *2001-02 latest data available]*

This measure will help us determine utilization trends amongst different health professions.

Exclusions:

- persons living on First Nations Reserves and on Crown lands
- residents of institutions
- full-time members of Canadian Armed Forces
- residents of certain remote regions
- persons 12 years and younger

The number of health professionals in certain areas (such as rural and remote regions) is influenced by many factors. The use of health professionals does not provide information on the appropriateness of that use. In addition to Saskatchewan Health, health providers, Saskatchewan Learning, professional colleges, universities, etc. all play a role in increasing numbers and availability of health providers.

OBJECTIVE 2 *– Develop representative work places*

Saskatchewan Health recognizes the value of a health system that meets the needs of a diverse population. We will continue initiatives to encourage a health workforce that is representative of the people it serves.

The diversity of the workplace is measured by examining the proportion of self-declared Aboriginal employees as a proportion of the total number of employees in a region. Data for this measure was collected from self-reports through surveys, which may produce a conservative

estimate. The Department is working with the Saskatchewan Association of Health Organizations (SAHO) to improve methods to collect more accurate data to report on this measure.

Key Actions for 2005-06

- Continue to build opportunities for Aboriginal peoples in the health sector workplace.

What are we measuring?

Self-declared Aboriginal employees as a per cent of all regional health authority employees

Where are we starting from?

The following are base line percentages for each regional health authority:

Sun Country – not available
Five Hills – not available
Cypress – 0.0%
Regina Qu'Appelle – 3.0%
Sunrise – 1.1%
Saskatoon – 2.7%
Heartland – 0.1%
Kelsey Trail – 1.8%
Prince Albert Parkland – 14.5%
Prairie North – not available
Mamawetan Churchill River – 30.0%
Keewatin Yathe – 70-90% (estimate)
SK Cancer Agency – not available

[2003-04]

Demographic data indicates that Saskatchewan has one of the fastest growing Aboriginal populations in Canada. With growing emphasis on ensuring the labour force reflects the population diversity, employers are seeking Aboriginal candidates to meet their workforce needs. Data for this calculation is collected through voluntary self-report and is could be considered a conservative estimate. Response rates to equity surveys are often low in places where data of this type is not collected routinely. Benchmarks based on representative workforces still have to be developed to facilitate the interpretation of these types of indicators.

Saskatchewan Health works closely with the Aboriginal community, unions, employees, First Nations and Métis Relations, and regional health authorities to develop and promote initiatives to meet Aboriginal needs within the community that generate an opportunity for Aboriginal employment. All of these stakeholders potentially have an influence on the outcomes for this indicator.

OBJECTIVE 3 *– Create healthier more effective work places*

Supporting, attracting and keeping skilled health professionals is a significant challenge for Saskatchewan's health care system. We will continue initiatives to create more satisfying work environments.

Progress towards meeting this objective is measured by two indicators that are well-established indicators of quality of the workplace, staff morale and job satisfaction: days absent from work for reasons of illness or injury, and the turnover rate. By focusing on initiatives that improve the quality of workplaces, morale and job satisfaction, it is expected that workplaces will become more effective although there are no specific measures of effectiveness included in this section.

Key Actions for 2005-06

- Work to retain health professionals by providing safer, higher quality workplaces, continuing education and training. Some of the initiatives include.
  - ~ funding Quality Workplace Initiatives
  - ~ supporting the development and/or enhancement of Occupational Health and Safety strategies within regional health authorities
  - ~ investing in equipment that assists caregivers
  - ~ supporting continuing education and training, e.g., professional and clinical development, preceptorship programs, management training and tools
  - ~ working with employers and appropriate stakeholders on recruitment and retention programs

What are we measuring?

The average number of days absent from the workplace, for which illness or injury is reported as the reason for absence, within a given period of time

Where are we starting from?

Provincial average of regional health authorities sick time:

- Sick hours per paid FTE: 86.27
- Workers Compensation Board hours per paid FTE: 18.49
- Total Sick and Workers Compensation Board hours per paid FTE: 104.76

[2003-04]

Absence as a result of illness or injury (sick leave) constitutes a significant proportion of total absence from the workplace. Sick leave is a well-established indicator of quality of the workplace, staff morale and job satisfaction. Literature has shown consistently that as morale improves, rates of absenteeism decline. Regional health authorities, employee groups and others can influence the outcomes for this measure. It is difficult to come up with a definition of

"average number of days" as employees in regional health authorities work different hours (for example, an office worker compared to a nurse.) This is why the Department will instead be reporting by hours per paid full-time equivalent (FTE).

What are we measuring?	Where are we starting from?
Turnover rate	Under development

Turnover rates are also a good indicator of quality of the workplace, staff morale and job satisfaction. The Department will be looking at two types of turnover within regional health authorities: individuals moving within the system, and individuals leaving the system completely.

Regional health authorities, employee groups and others can influence the outcomes for this measure. Saskatchewan Health continues to work with the Saskatchewan Association of Health Organizations (SAHO) to begin to track turnover rates. SAHO is currently making a transition from a manual to an electronic payroll system.

GOAL 4

A sustainable, efficient, accountable quality health system

Underlying the first three goals is the need to ensure that the services are sustainable over the long-term, that they are efficient, that Health and its partners are accountable for the services and resources entrusted to us, and that services are provided in a quality environment.

OBJECTIVE 1 *– Ensure quality, effective health care*

To provide health services that Saskatchewan people truly need means ensuring quality is considered in all of our actions. Equally important is the need to provide the necessary support to good decision making by health professionals.

To measure the quality and effectiveness of health care services, the volume of concerns raised by patients and the timeliness of resolution to these concerns are measured. Reported concerns with the health system provide only one source of information on the quality and effectiveness of health care services. This measure does not reflect the numerous efforts to address the quality and effectiveness of specific services and programs.

Key Actions for 2005-06

- Implement patient care information systems in priority program delivery areas to help address workload issues, increase efficiency and enhance patient safety by providing higher quality and more timely information for patient care.
- Develop and begin implementation of a Laboratory Results Reporting system to make laboratory results available electronically to more and more locations where health care providers work.

What are we measuring?	Where are we starting from?
Number of clients who contacted a Quality of Care Co-ordinator (QCC) to report one or more concerns	2,205 *[2003-04]*

Regional health authorities are required to report a standardized summary of their client concern information (with any identifying and case specific information removed) to the Department annually. As a performance indicator, the QCC information is one method of tracking the type and volume of health care concerns across the Province. As Saskatchewan Health and regional health authorities continue to promote the role of the QCC it is anticipated that the number of contacts may increase. This may not reflect the total number of concerns in the system, however, as clients and their family or friends may not be aware that a formal mechanism exists to record and respond to their issues.

This measure is influenced by promotion and data collection efforts of regional health authorities. As the Department is not a direct health service provider, the influence on this measure is influenced by the quality of services provided by regional health authorities.

What are we measuring?	Where are we starting from?
Percentage of concerns received by Quality of Care Co-ordinators (QCC) that are concluded within 30 days	87% *[2003-04]*

In addition to tracking the volume and nature of concerns, QCCs also record how quickly each concern was concluded. A concern is considered concluded from the regional health authorities' perspective when the QCC, either orally or in writing, provides a response regarding the issue raised. The majority of the 2,205 concerns received in 2003-04 were concluded in a timely manner. Reasons for cases taking longer to conclude may include delays when referring a question or issue to a health care professional for more information, and/or repeated consultations with the family.

This may not reflect the total number of concerns in the system, as clients and their family may not be aware that a formal mechanism exists to respond to their concerns. Conclusion of a concern does not necessarily represent resolution or satisfaction for the client who reported the concern. Rather, it represents the conclusion of the investigation/intervention process and the sharing of those outcomes with the client. Saskatchewan Health requires partnerships with regional health authorities to ensure that reports of client concerns are accurately recorded and relayed to the Department.

OBJECTIVE 2 *– Appropriate governance, accountability and management for the health sector*

Strong leadership and effective planning in health care must be consistent across the Province. Saskatchewan Health is working with regional health authorities to create a strong accountability relationship that includes strong governance, more co-ordinated planning and reporting, and strengthened fiscal management.

To gauge progress towards ensuring the appropriate governance, accountability and management of the health sector, the Department is measuring the percentage of operational plans submitted by regional health authorities to the Department that meet established standards and requirements. Appropriate methodology to calculate this measure is being considered by the Department along with means to measure the effectiveness of these operational plans.

Key Actions for 2005-06

- Work with our partners in the health sector, including the Health Quality Council, to develop and implement financial, management and technical efficiency reviews in order to improve productivity, timeliness of care, health outcomes and overall satisfaction with the health system.
- Develop common staff scheduling solutions for larger facilities in regional health authorities.

What are we measuring?	**Where are we starting from?**
Percentage of regional health authority operational plans meeting standards	Under development

In December 2004, regional health authorities submitted to Saskatchewan Health detailed operational plans based on preliminary planning ranges provided by the Department. These plans inform the Department's own budget process. Saskatchewan Health will review the various components of these plans: financial, capital, information management, human resources and primary health care services.

OBJECTIVE 3 *– Sustain publicly funded and publicly administered Medicare*

Health care costs are rapidly rising. Technological advances add quality and years to people's lives, but they are expensive. Saskatchewan Health will strive to make the best possible use of our health providers and our resources, through prudent management and innovative service delivery.

Key Actions for 2005-06

- Continue to work with partners in the health sector to implement cost-effective approaches to health care.
- Implement strategies to engage the public and health providers to increase knowledge of the health sector including what we do, what we do well and the financial challenges we face.

What are we measuring?

Under development

Where are we starting from?

Under development

For More Information

If you would like to obtain further information about our plan or our programs and services, ask questions or provide comments on this plan, please contact:

Saskatchewan Health
Policy and Planning Branch
3475 Albert Street
Regina SK S4S 6X6

Phone: (306) 787-3162

Fax: (306) 787-2974

Comments on the 2005-06 Performance Plan can also be directed to the Webmaster: webmaster@health.gov.sk.ca

Detailed information about Saskatchewan Health's programs and services is available on the website: www.health.gov.sk.ca